

Naval Audit Service



Audit Report



Post-Deployment Health Reassessment at the Marine Corps: Fiscal Years 2008 and 2009 Data Analysis, and Future Monitoring Recommendations

This report contains information exempt from release under the Freedom of Information Act. Exemption (b)(6) applies.

~~—Do not release outside the Department of the Navy—~~
~~—or post on non-NAVAUDSVC Web sites—~~
~~—without prior approval of the Auditor General of the Navy—~~

N2011-0010
17 December 2010

Obtaining Additional Copies

To obtain additional copies of this report, please use the following contact information:

Phone: (202) 433-5757
Fax: (202) 433-5921
E-mail: NAVAUDSVC.FOIA@navy.mil
Mail: Naval Audit Service
Attn: FOIA
1006 Beatty Place SE
Washington Navy Yard DC 20374-5005

Providing Suggestions for Future Audits

To suggest ideas for or to request future audits, please use the following contact information:

Phone: (202) 433-5840 (DSN 288)
Fax: (202) 433-5921
E-mail: NAVAUDSVC.AuditPlan@navy.mil
Mail: Naval Audit Service
Attn: Audit Requests
1006 Beatty Place SE
Washington Navy Yard DC 20374-5005

Naval Audit Service Web Site

To find out more about the Naval Audit Service, including general background, and guidance on what clients can expect when they become involved in research or an audit, visit our Web site at:

<http://secnavportal.donhq.navy.mil/navalauditservices>



DEPARTMENT OF THE NAVY
NAVAL AUDIT SERVICE
1006 BEATTY PLACE SE
WASHINGTON NAVY YARD, DC 20374-5005

7510
N2008-NFO000-0016
17 Dec 10

MEMORANDUM FOR COMMANDANT OF THE MARINE CORPS (RFR)

Subj: POST-DEPLOYMENT HEALTH REASSESSMENT AT THE MARINE CORPS: FISCAL YEARS 2008 AND 2009 DATA ANALYSIS, AND FUTURE MONITORING RECOMMENDATIONS (AUDIT REPORT N2011-0010)

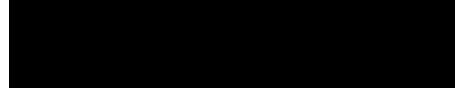
Ref: (a) NAVAUDSVC memo N2008-NFO000-0016, dated 2 Oct 08
(b) SECNAV Instruction 7510.7F, "Department of the Navy Internal Audit"

1. The report provides results of the subject audit announced in reference (a). Section A of this report provides our finding and recommendations, summarized management responses, and our comments on the responses. Section B provides the status of the recommendations.
2. The Marine Corps concurred with all four recommendations and plans appropriate corrective actions. The recommendations are considered open pending completion of the planned corrective actions, and are subject to monitoring in accordance with reference (b). Management should provide a written status report on the recommendations within 30 days after target completion dates. Please provide all correspondence to the Assistant Auditor General for Manpower and Reserve Affairs Audits, XX, with a copy to the Director, Policy and Oversight, XX. Please submit correspondence in electronic format (Microsoft Word or Adobe Acrobat file), and ensure that it is on letterhead and includes a scanned signature.
3. Any requests for this report under the Freedom of Information Act must be approved by the Auditor General of the Navy as required by reference (b). This audit report is also subject to followup in accordance with reference (b).

FOIA (b)(6)

Subj: **POST-DEPLOYMENT HEALTH REASSESSMENT AT THE MARINE
CORPS: FISCAL YEARS 2008 AND 2009 DATA ANALYSIS, AND
FUTURE MONITORING RECOMMENDATIONS (AUDIT REPORT
N2011-0010)**

4. We appreciate the cooperation and courtesies extended to our auditors.



FOIA (b)(6)

XXXXXXXXXXXXXXXXXXXX

Assistant Auditor General
Manpower and Reserve Affairs Audits

Copy to:
UNSECNAV
DCMO
OGC
ASSTSECNAV FMC
ASSTSECNAV FMC (FMO)
ASSTSECNAV IE
ASSTSECNAV MRA
ASSTSECNAV RDA
CNO (VCNO, DNS-33, N40, N41)
ACMC
BUMED (M09BB3)
DON CIO
NAVINGEN (NAVIG-4)
AFAA/DO

Table of Contents

SECTION A: FINDING, RECOMMENDATIONS, AND CORRECTIVE ACTIONS.....	1
Reason for Audit	1
Background.....	2
Audit Results	2
Communication with Management	7
Recommendations and Corrective Actions	7
Other Observations	10
SECTION B: STATUS OF RECOMMENDATIONS	12
EXHIBIT A: BACKGROUND	14
EXHIBIT B: PERTINENT GUIDANCE	17
EXHIBIT C: SCOPE AND METHODOLOGY	20
Federal Managers' Financial Integrity Act	22
EXHIBIT D: ACTIVITIES VISITED AND/OR CONTACTED	23
APPENDIX: MANAGEMENT RESPONSE FROM THE MARINE CORPS	24

Section A:

Finding, Recommendations, and Corrective Actions

Finding: Timely Completion of Post-Deployment Health Reassessment

Reason for Audit

The original objective of the audit was to verify that the Department of the Navy (DON) was effectively recording and monitoring health assessment referrals. We specifically focused on the U.S. Marine Corps' Post-Deployment Health Reassessment (PDHRA) program for active component Marines. The Medical Surveillance Monthly Report¹ indicates that PDHRAs generate the most referrals in the Deployment Health Assessment program.

While we initially intended to verify the effectiveness of tracking and monitoring of Marine Corps PDHRA referrals, we found that the DON Bureau of Medicine and Surgery (BUMED) currently is preparing a draft Instruction (BUMED 6000.15) designed to establish procedures for the management of referrals, including PDHRA referrals, across the Navy and Marine Corps. Therefore, we narrowed the focus of this audit to verify that Marine Corps PDHRAs were completed and certified² timely in accordance with Assistant Secretary of Defense for Health Affairs Policy 05-011, "Post-Deployment Health Reassessment," 10 March 2005, and Department of Defense Instruction 6490.03, "Deployment Health," 11 August 2006.

The Naval Audit Service initiated this audit after researching PDHRA issues and determining that there would be risks associated with untimely PDHRA screenings.

¹ This report is prepared by the Armed Forces Health Surveillance Center for the purpose of disseminating medical surveillance information to the military public health community.

² We considered the PDHRA completed and certified when: (1) the Service member completes the PDHRA form (DD Form 2900), (2) the Service member has a face-to-face interview with a provider to discuss health concerns indicated on the form, and (3) the provider signs and certifies the DD Form 2900 as complete. This is also the criteria by which we defined a PDHRA to be complete for our audit analysis, since the Marine Corps only tracks through the certification stage of the process and the Navy Marine Corps Public Health Center or the Armed Forces Health Surveillance Center would be responsible for the stage after certification (to include actual compliance as measured by the submission of the certified PDHRA to Armed Forces Health Surveillance Center).

Background

In a memorandum entitled “Post-Deployment Health Reassessment,” dated 10 March 2005, the Assistant Secretary of Defense for Health Affairs directed all military services to extend the Deployment Health Assessment program to include a PDHRA. This required that PDHRAs be accomplished³ for all personnel 90 to 180 days after return to home station from a deployment that required completion of a post-deployment health assessment. The purpose of the PDHRA is to proactively identify health concerns that emerge over time following deployments, and facilitate the opportunity for Service members to have their health needs and concerns more fully addressed following deployments. Within DON,⁴ unit commanders are responsible for ensuring that eligible Service members under their command complete a PDHRA (DD Form 2900) and are screened and assessed by a qualified health care provider.⁵ While PDHRA is a commander’s program, Navy Medicine plays a vital supporting role. Specifically, the Marine Corps does not own medical assets; therefore, BUMED supplies the personnel, support, and facilities necessary⁶ for completing and certifying the required health assessment screenings.

Additional background and guidance relevant to the PDHRA program can be found in Exhibits A and B, respectively.

Audit Results

A significant number of Marines (46 percent in Fiscal Year (FY) 2008 and 44 percent in FY 2009) did not have the PDHRA completed and certified within the required time frame. Assistant Secretary of Defense for Health Affairs Policy 05-011, “Post-Deployment Health Reassessment,” requires a PDHRA be accomplished for all personnel between 90 to 180 days after return to home station from a deployment that required completion of post-deployment health assessment. Marines did not have the PDHRA completed and certified on time for a number of reasons. For example, naval medical activities told us that PDHRAs were not taken within the required time period due to scheduling conflicts with weapons training, deployment and subsequent deployment

³ According to Marine Administrative message (MARADMIN) 283-06 and Marine Corps PDHRA Program Office officials, a PDHRA has been accomplished in accordance with Assistant Secretary of Defense for Health Affairs criteria when: (1) the Service member completes the PDHRA form (DD Form 2900), (2) the Service member has a face-to-face interview with a provider to discuss health concerns indicated on the form, (3) the provider signs and certifies the DD Form 2900 as complete, and (4) the certified DD Form 2900 is uploaded to the Armed Forces Health Surveillance Center within 90-180 days after deployment return.

⁴ The Marine Corps is a component of the United States Department of the Navy.

⁵ According to Department of Defense Instruction 6490.03, after the PDHRA form is completed, a trained health care provider will discuss health concerns indicated on the form and determine if referrals are required before the form is placed in the individual’s permanent medical record. Office of the Chief of Naval Operations Instruction 6100.3 requires commands ensure their Service members complete the DD Form 2900.

⁶ Examples include Deployment Health Centers, Medical Treatment Facilities, providers, and screeners.

preparations, combat conditioning, and Permanent Change of Station moves. Also, commanders did not always have visibility of the PDHRA status of Marines who transferred to them during the 90-180 day period following their most recent return from deployment. There is also no formal policy ensuring commanders have access to Marine Corps reports⁷ that track command-level PDHRA completion and certification. Finally, Marines did not always know they were required to complete a PDHRA. As a result, Marines who did not take PDHRA in accordance with Assistant Secretary of Defense policy may not have had their health needs and concerns identified or addressed following deployment, which could negatively impact readiness, and their personal well-being and that of others. The following chart provides PDHRA completion information for Marines who returned from deployment in FYs 2008 and 2009.

Table 1: FY 2008 and FY 2009 PDHRA Timely Completion				
Data Element	FY 2008		FY 2009	
Marines who returned from deployment and required a PDHRA	32,205		22,145	
PDHRA completed and certified ≤ 180 days (timely)	17,399	54 percent	12,315	56 percent
PDHRA completed and certified > 180 days (untimely)	12,167*	38 percent	6,010**	27 percent
PDHRA not completed and certified (untimely)⁸	2,639⁹	8 percent	3,820	17 percent
Total untimely	14,806	46 percent	9,830	44 percent
FY 2008		FY 2009		
* Of the 12,167 Marines who completed and had the health care provider certify their PDHRA more than 180 days following their return home: <ul style="list-style-type: none"> • 2,350 were screened 1-30 days late • 1,578 were screened 31-60 days late • 1,025 were screened 61-90 days late • 958 were screened 91-120 days late • 2,074 were screened 121-200 days late • 1,484 were screened 201-300 days late • 2,698 were screened more than 300 days late 		** Of the 6,010 Marines who completed and had the health care provider certify their PDHRA more than 180 days following their return home: <ul style="list-style-type: none"> • 1,371 were screened 1-30 days late • 1,101 were screened 31-60 days late • 705 were screened 61-90 days late • 628 were screened 91-120 days late • 1,089 were screened 121-200 days late • 772 were screened 201-300 days late • 344 were screened more than 300 days late 		

NOTE: This chart excludes Marines who returned from deployment but later became ineligible to take PDHRA due to subsequent deployment, retirement or separation from service, injury/hospitalization, etc. The data for this table came from the Marine Corps Data Mart, which tracks PDHRAs that have been completed by the Marine and certified by the health care provider rather than accomplished (as noted in footnotes 2 and 3) since the Marine Corps only tracks through the certification stage of the process.

⁷ Reports are from the Marine Corps PDHRA Data Mart, which is a Web-based application designed to provide PDHRA program administrators and Deployment Health Centers a comprehensive view of Marines who must be screened following a return to home station from a deployment.

⁸ Not screened as of October 2009 for FY 2008 Service members, and as of June 2010 for FY 2009 Service members.

⁹ Includes 438 Service members screened after 9 October 2009, but the certified DD Form 2900 had not yet been uploaded to the Armed Forces Health Surveillance Center database at the time of our review.

To derive the above information and conduct our analysis, we obtained a list of Marines (from the Marine Corps PDHRA Program Office) who had returned from deployment between 1 October 2007 and 30 September 2008 (FY 2008), and 1 October 2008 and 30 September 2009 (FY 2009). The list was extracted from the PDHRA Data Mart on 9 October 2009 and 28 June 2010, respectively. The Data Mart is an application built by the Marine Corps (Manpower and Reserve Affairs Office) to contain information on all Marines who have returned from at least one deployment since 20 March 2004¹⁰ and are in queue or completed and certified for the PDHRA requirement. The list from Data Mart included only active component Marines who were still eligible and required to take the PDHRA, and excluded those whose status had changed and were no longer required to be screened (examples include those who had separated from the service, retired, or were subsequently deployed, etc.). The list was further organized to identify when Marines returned from deployment, if and when they were screened, if they were screened late based on the certification dates, and the Marine's current command and location.

For the purposes of our analysis, we considered a PDHRA screening to have been completed and certified timely in accordance with Assistant Secretary of Defense for Health Affairs policy after all of the following takes place: (1) the Service member completes the PDHRA form (DD Form 2900), (2) the Service member has a face-to-face interview with a provider to discuss health concerns indicated on the form, and (3) the provider signs and certifies the DD Form 2900 as complete. While a DD Form 2900 only needs to be initiated for the form to be accepted in the Armed Forces Health Surveillance Center database, the Navy and Marine Corps Public Health Center policy is to only submit certified DD Forms 2900 from the Navy's Electronic Deployment Health Assessment to the Armed Forces Health Surveillance Center database.

Reasons for Untimely Completion

The Marine Corps did not have records that indicated why individuals did not receive PDHRA within required timeframes. However, we were able to identify a number of likely causes for untimely completion through an analysis of the Deployment Health Assessment process and interviews with key personnel in that process. The causes listed below are not all-inclusive, but concentrate on factors that the Marine Corps may be able to influence. We recognize that some causal factors are outside of Marine Corps' control. Specifically, the Marine Corps does not own medical assets and must rely on other Services' medical personnel and facilities to certify their PDHRAs. The Marine Corps also does not control the scheduling of PDHRA screenings and appointments at these medical facilities, or how the facilities are staffed.¹¹ Finally, the information from the Data Mart does not exclude Marines who required extended time to have the PDHRA

¹⁰ Data Mart does not track those who returned prior to that date.

¹¹ We plan to conduct another audit of PDHRA for the Navy, to include how PDHRA screening events are scheduled and staffed by Navy medical personnel and facilities.

completed and certified as a result of hospitalization or injury requiring medical care. Nevertheless, it is still incumbent upon commanders to ensure that eligible Marines under their command complete a DD Form 2900 and are screened and assessed by a qualified health care provider.¹²

- Although Deployment Health Centers scheduled mass screenings and organized periodic screening events for large groups of Marines, Marine Corps PDHRA Program Office officials and various medical department representatives¹³ told us that commanders did not always send Marines who required a PDHRA to the screening events because of scheduling conflicts. Conflicts cited included weapons training, deployment and subsequent deployment preparations, and combat conditioning.
- Commands did not always have visibility over the PDHRA status of newly assigned Marines who had transferred to them within the 90-180 day period following their most recent return from deployment. If these Marines entered their new command after the unit's PDHRA requirement list had been updated, the command may not have had visibility of them until the next update. This could have been after the 90-180 day window expired, because field managers currently do not have a daily indicator or alert of Marines new to the area. According to medical department representatives, lack of visibility over the PDHRA status of reassigned Marines contributed to PDHRA screening not being completed and certified as required. Also, we were told by various medical department representatives that some Marines had a Permanent Change of Station prior to receiving notification regarding their PDHRA requirement and were not aware of their obligation.
- According to Marine Corps Manpower Information Systems Division, Manpower and Reserve Affairs, Data Mart has the capability to produce command-level reports that identify, by unit: no show rates, screening completions, and individual Marines that remain with a PDHRA requirement. These reports are internal and are not utilized by all commands outside of the Marine Corps (Manpower and Reserve Affairs). According to Manpower Information Systems Division, Manpower and Reserve Affairs, while Marine Corps field managers can and do generate these reports, there is no policy formalizing that reports be provided to unit commanders to maintain visibility of their unit's individual Marines' PDHRA requirements. Since PDHRA is a required program, requiring commanders to routinely be provided with current data from the Marine Corps' Data Mart would facilitate the commanders' timely monitoring and management of the PDHRA status for all Marines in their units. It would also allow commanders to assess their respective command and unit performance, particularly if they take into

¹² Office of the Chief of Naval Operations Instruction 6100.3 and MARADMIN 283-06 require commanders ensure their Service members complete the DD Form 2900.

¹³ Medical department personnel consist of military officers, enlisted members, civilian personnel, and service contractors who support the combat readiness of Navy and Marine Corps Service members.

account the potential impact of factors outside of Marine Corps control, such as the scheduling of PDHRA screenings and appointments.

- Marine Corps PDHRA Program Office officials and various medical department representatives informed us that Marines were not always aware that the PDHRA was mandatory. Some Marines did not realize that there are three deployment-related health assessments, and at times confused the Post-Deployment Health Assessment (taken within 30 days of return from deployment) with PDHRA. Additionally, some Marines believed they were in good health and that PDHRA may not be necessary; therefore, they did not seek to be screened in a timely fashion during the 90-180 day period. We noted that the Department of the Army alerted its Service members of their PDHRA requirement via Army Knowledge Online.¹⁴ While all Marines are given Marine Online accounts, not all Marines have access to computers on a daily, regular, or even occasional basis as a result of their location or specific duty billet.

Potential Impact on Marines

Not having PDHRAs completed and certified as required increases the likelihood of Marines not having health needs and concerns identified or addressed following deployment. For example, according to the Armed Forces Health Surveillance Center, the Marine Corps accomplished 54,466 PDHRA screenings of its active duty Marines from 1 October 2007 to 31 December 2008. The 54,466 represents total PDHRA screenings of active duty Marines from 1 October 2007 to 31 December 2008, not the number of individual Marines screened or the number of Marines who returned from deployment during that time. Depending on deployments/subsequent deployments, some Marines could have been screened more than once. Of these screenings, 25,131 referrals were given, of which approximately 3,636 (14 percent of the total referrals given) were for mental/behavioral health-related issues.¹⁵ Thus, not having the PDHRA screenings completed and certified as required may result in Marines not receiving referrals for needed care, which could negatively impact the Marine's readiness, personal well-being, and safety, as well as the safety of others.

Since suicide is a mental health-related issue of concern within the Armed Forces, we obtained a list of Marines who committed or attempted suicide during FY 2008 and FY 2009 from the Marine Corps Personal and Family Readiness Division, Suicide Prevention Program. We compared this to a list of Marines who returned from deployment in FY 2008 and were eligible to take the PDHRA. The data showed that,

¹⁴ Army Knowledge Online provides corporate intranet services to the U.S. Army, and provides the U.S. Army's enterprise Web portal.

¹⁵ Figures are based on the Armed Forces Health Surveillance Center, which identified the number of mental primary, mental specialty, and substance abuse referrals. Mental health screening on the PDHRA covers four domains: (1) interpersonal conflict, adjustment difficulties, (2) post-traumatic stress disorder, (3) alcohol abuse, and (4) depression.

during FY 2008 and FY 2009, there were 7 suicides and 15 attempted suicides associated with 18,296¹⁶ Marines who had the PDHRA completed and certified past the 90-180 day timeframe or were not screened, as compared to 2 suicides and 12 attempted suicides associated with 17,399 members who had the PDHRA completed and certified in a timely manner. The increased numbers of suicides/attempted suicides associated with Marines not receiving timely PHDRAs is not statistically significant; however, it may present an opportunity to improve suicide prevention efforts. While we cannot conclude if any of these incidents would have been prevented had the Marines been screened at the appropriate time, nor can we correlate any of the suicides committed or suicide attempts with conditions that a PDHRA screening may have identified (such as post traumatic stress disorder), ensuring that PDHRAs are completed and certified in a timely fashion gives the Marine Corps an additional opportunity to ensure that Marines returning from deployment receive the optimal care.

Communication with Management

Throughout the audit, we met with personnel at the BUMED and Marine Corps PDHRA Program Offices, and kept them informed of the conditions noted. Specifically, we met with Marine Corps PDHRA Program Office officials and representatives in August and September 2009, and June, August, November, and December 2010; BUMED officials in November 2009, and February and August 2010; and Marine Corps Health Services officials in December 2009 and March 2010.

Recommendations and Corrective Actions

Our recommendations,¹⁷ summarized management responses, and our comments on the responses are below. The complete text of the Marine Corps response is in the Appendix.

We recommend that the Commandant of the Marine Corps:

Recommendation 1. Require that commanders routinely be provided with current data from the Marine Corps' Post-Deployment Health Reassessment Data Mart to facilitate the commanders' timely monitoring and management of the Post-Deployment Health Reassessment status for all Marines in his/her units, including Marines reassigned under Permanent Change of Station orders. The data provided to the commanders should include, by unit: no show rates, screening completions, and individual Marines whose Post-Deployment Health Reassessments need to be completed and certified.

¹⁶ May include Service members who separated, retired, or subsequently deployed.

¹⁷ Based on discussions with the Marine Corps, we made relatively minor revisions to the recommendations contained in the utilization draft of this report. The Marine Corps responded to the revised recommendations.

Marine Corps response to Recommendation 1. Concur. Post Deployment Health Reassessment is not an optional program; therefore, all Marines are expected to accomplish their Post-Deployment Health Reassessment requirements. For this reason, All Marine Corps Activities message (ALMAR) 047/07 was issued, requiring all Marines to ensure that their Post-Deployment Health Reassessments are accomplished.

Currently, Post-Deployment Health Reassessment field managers utilize the Data Mart to monitor DD Form 2900 completions and screenings, generate management reports for commanders and Deployment Health Center liaisons, schedule units for appointments available at the Deployment Health Center, and ensure that the completed and certified Post-Deployment Health Reassessments reach the Navy and Marine Corps Public Health Center. The Post-Deployment Health Reassessment field managers receive training in the capabilities, functionality and use of the Data Mart and generate management reports by individual Service member or unit to identify no show rates, screening completions, deployment information, and other relevant data with the goal of facilitating the commanders' timely monitoring and management of Post-Deployment Health Reassessment status for all Marines in their units.

In response to Recommendation 1, Headquarters, U.S. Marine Corps will issue additional guidance to its commanders and Post-Deployment Health Reassessment field managers within 60 days of the date of this response, reiterating the importance of Post-Deployment Health Reassessment completion and certification, and requiring that commanders be routinely provided with current data from the Marine Corps Post-Deployment Health Reassessment Data Mart to facilitate the commanders' timely monitoring and management of the Post-Deployment Health Reassessment status for all Marines in their units.

To fully meet the intent of Recommendation 1, and with greater efficacy in mind, the Marine Corps Post-Deployment Health Reassessment Program Office will be improving its Data Mart during the next 60 days by adding a field to give Post-Deployment Health Reassessment field managers and commanders the visibility of new Marines when they change duty station into the respective field managers' and commanders' geographical area of responsibility. An updated implementation status report on corrective actions taken in response to Recommendation 1 will be provided by 10 March 2011.

Recommendation 2. Use Post-Deployment Health Reassessment completion and certification data for Marines returning from Fiscal Year 2010 deployments that are required to take Post-Deployment Health Reassessments to determine whether their Post-Deployment Health Reassessments were completed and certified within the required 90- to 180-day timeframe.

Marine Corps response to Recommendation 2. Concur. Headquarters Marine Corps will use Post-Deployment Health Reassessment completion and certification data for Marines returning from Fiscal Year 2010 deployments that are required to take Post-Deployment Health Reassessments to determine whether their Post-Deployment Health Reassessments were completed and certified within the required 90- to 180-day timeframe. An updated implementation status report will be provided for Recommendation 2 by 10 June 2011.

Recommendation 3. If implementation of Recommendations 1 and 2 shows that Marines are not completing Post-Deployment Health Reassessments within the required 90 to 180 days, identify the causes and implement corrective action.

Marine Corps response to Recommendation 3. Concur. If implementation of Recommendations 1 and 2 shows that Marines are not completing Post-Deployment Health Reassessments within the required 90 to 180 days, causes will be identified and corrective actions planned and implemented. An updated implementation status report on Recommendation 3 will be provided by 30 June 2011 noting the causes identified and corrective actions planned. A follow-on implementation status report will then be provided by 30 December 2011 identifying results of planned corrective actions taken during the 6 months preceding 30 December 2011.

Recommendation 4. Notify Marines (e.g., an alert via Marine Online) when they are required to take a Post-Deployment Health Reassessment, and the timeframe during which it is required to be completed.

Marine Corps response to Recommendation 4. Concur. The Post-Deployment Health Reassessment Program Office currently notifies Marines who have Post-Deployment Health Reassessment requirements via processes external to Marine Online. Headquarters Marine Corps is currently establishing capabilities to provide Marine Online alerts for Marines with Post-Deployment Health Reassessment requirements. The Marine Corps expects to implement this notification through Marine Online within 60 days of this response. An updated implementation status report on corrective actions taken in response to Recommendation 4 will be provided by 10 March 2011.

Naval Audit Service comment on responses to Recommendation 1-4. Actions planned by the Marine Corps meet the intent of the recommendations, and the recommendations are considered open pending completion of agreed-upon actions.

Other Observations

BUMED Draft Instruction Addressing Tracking and Monitoring of PDHRA Referrals

We found that while Navy medical facilities located at Marine Corps bases utilized various processes to document referrals, none tracked whether referrals were kept, or monitored results. United States Code, Title 10, Section 1074f, requires a Department of Defense tracking mechanism to ensure Service members who are referred for mental health evaluations receive such evaluations and obtain care. Additionally, Navy Administrative Message (NAVADMIN) 207/08, “Deployment Health Assessment Policy and Process,” which covers Navy medical assets (personnel) serving Marine Corps units, requires Deployment Health Assessment compliance and referral status to be tracked via the Medical Readiness Reporting System.

To identify and document the process for tracking and monitoring of PDHRA referrals, we contacted various Navy Medicine officials at Camp Pendleton, CA and Camp Lejeune, NC (see Exhibit C for details). We were informed that, beginning in January 2009, the Camp Lejeune Deployment Health Center began maintaining a Microsoft Excel spreadsheet to manually track mental health, traumatic brain injury, neurology, and substance abuse referrals resulting from PDHRA screenings; however, the spreadsheet did not capture or track if referral appointments were kept, only that a referral was made. Similarly, a Camp Pendleton case coordinator kept a separate Excel spreadsheet of Marines with mental health referrals. However, the spreadsheet did not maintain the status of whether or not a mental health referral appointment was actually kept.

BUMED advised us that they are preparing a draft instruction (6000.15) that would establish procedures for the management of specialty referrals. The purpose of the draft instruction is to develop a comprehensive standardized referral management program that will: (1) ensure all specialty consults are tracked for timely response to the referring provider; (2) establish quality control for the flow of information to that provider from the specialist consultant and ultimately to the patient; and (3) ensure quality delivery of health care and improve patient outcomes. While this referral management program will not be able to accurately track referrals from other services’ medical providers given to a Marine who is located on a Army or Air Force base, we believe that the new instruction will help address concerns raised in this report. We suggest that BUMED implement an additional element to further enhance the overall PDHRA referral tracking process. At the time of the audit, the draft instruction left it up to the Operational Forces Medical Liaison Service to communicate referral results back to Marine Corps medical department representatives (e.g., Navy medical personnel such as medical officers assigned to support a Marine Corps unit or unit command), as opposed to allowing those

representatives access to the referral management data being tracked by the medical treatment facilities for the Marines in their respective units.

Suggestion

We suggest that the draft BUMED Instruction 6000.15 be modified to allow Navy medical department representatives serving the Marine Corps access to the referral management tracking system to track/monitor referral status for Marines in their respective units.

Because the instruction was still in draft form and undergoing revisions at the time this report was being prepared, we are making a suggestion and not a formal recommendation. Therefore, no official response is required.

Section B:**Status of Recommendations**

Recommendations							
Finding ¹⁸	Rec No.	Page No.	Subject	Status ¹⁹	Action Command	Target or Actual Completion Date	Interim Target Completion Date ²⁰
1	1	7	Require that commanders routinely be provided with current data from the Marine Corps' Post-Deployment Health Reassessment Data Mart to facilitate the commanders' timely monitoring and management of the Post-Deployment Health Reassessment status for all Marines in his/her units, including Marines reassigned under Permanent Change of Station orders. The data provided to the commanders should include, by unit: no show rates, screening completions, and individual Marines whose Post-Deployment Health Reassessments need to be completed and certified.	O	Commandant of the Marine Corps (CMC)	3/10/11	
1	2	8	Use Post-Deployment Health Reassessment completion and certification data for Marines returning from Fiscal Year 2010 deployments that are required to take Post-Deployment Health Reassessments to determine whether their Post-Deployment Health Reassessments were completed and certified within the required 90- to 180-day timeframe.	O	CMC	6/10/11	

¹⁸ / + = Indicates repeat finding.

¹⁹ / O = Recommendation is open with agreed-to corrective actions; C = Recommendation is closed with all action completed; U = Recommendation is undecided with resolution efforts in progress.

²⁰ If applicable.

Recommendations							
Finding ¹⁸	Rec No.	Page No.	Subject	Status ¹⁹	Action Command	Target or Actual Completion Date	Interim Target Completion Date ²⁰
1	3	9	If implementation of Recommendations 1 and 2 shows that Marines are not completing Post-Deployment Health Reassessments within the required 90 to 180 days, identify the causes and implement corrective action.	O	CMC	12/30/11	6/30/11
1	4	9	Notify Marines (e.g., an alert via Marine Online) when they are required to take a Post-Deployment Health Reassessment, and the timeframe during which it is required to be completed.	O	CMC	3/10/11	

Exhibit A:

Background

A strategic goal of the Assistant Secretary of Defense for Health Affairs is to ensure early identification and treatment of emerging deployment-related health concerns.

Recognizing the importance of this issue, Assistant Secretary of Defense for Health Affairs directed an extension of the Deployment Health Assessment (DHA) program, to include a post-deployment health reassessment (PDHRA) of global health, with a specific emphasis on mental health, 90-180 days after deployment. To develop this program, a phase-in process was instituted to ensure proper care for returning Service members. Specifically, the Military Departments²¹ were directed to provide an implementation plan to the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness) 45 days from 10 March 2005, and to begin said implementation plan 90 days from 10 March 2005.

It is the Department of the Navy's (DON's) policy to ensure timely and accurate completion of DHAs for Active Component and Reserve Component Service members, and to provide a process for providing quarterly compliance reports to the Chief of Naval Operations. [../../../../MRA-08-0016/E - Criteria/E13 OPNAVINST 6100.3 WP.doc - purpose](#) DHAs are regularly scheduled Department of Defense-mandated instruments used to screen Service members prior to and upon return from deployment to identify health concerns after deployment and facilitate appropriate care. DHAs conducted at critical milestones in the deployment process are a key component in monitoring the health of Service members. According to DON,²² Service members often rate their general health as worse 90 to 180 days after returning from deployment compared to their assessments completed within 30 days of subsequent deployment.

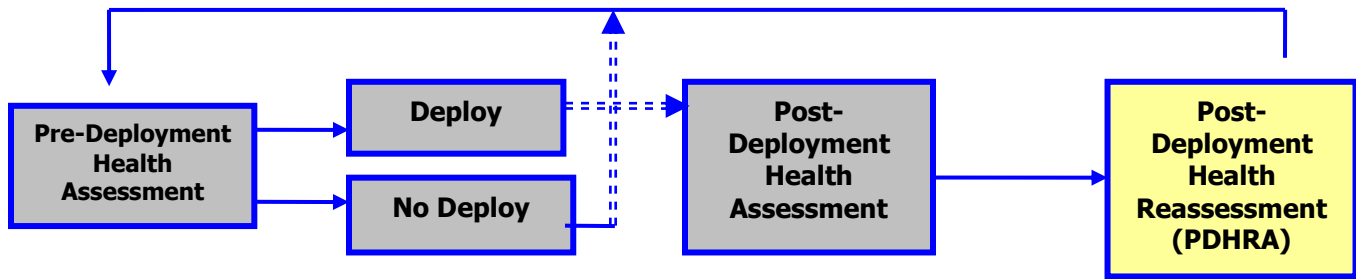
DHAs consist of the following three components:

- DD Form 2795, Pre-Deployment Health Assessment (Pre-DHA); administered within 60 days prior to deployment;
- DD Form 2796, Post-Deployment Health Assessment (PDHA); completed within 30 days before or 30 days after return from deployment; and
- DD Form 2900, Post-Deployment Health Reassessment (PDHRA); administered and completed within 90 to 180 days after return from deployment.

²¹ The Marine Corps is not a Military Department but is instead a branch of the Department of the Navy.

²² Chief of Naval Operations Instruction 6100.3, "Deployment Health (DHA) Process," 12 January 2009, page 1(b).

The diagram below illustrates the PDHRA portion of the DHA process:



Administering the PDHRA

All eligible U.S. Marine Corps Service members are required to complete and submit the PDHRA form (DD Form 2900) electronically via the Navy and Marine Corps Public Health Center (NMCPHC) Web site, or through a local access database or “kiosk” available in the Deployment Health Center. NMCPHC maintains completed DD Forms 2900 via the Electronic Deployment Health Assessment (eDHA) application.

The PDHRA form asks Service members to respond to questions on demographics and health concerns or conditions. The reassessment form is reviewed in a face-to-face interview with a health care provider²³ who discusses with the Service member their responses to the questions. The health care provider uses their responses to ask additional questions in order to assess the Service members’ health concerns and make referrals for further evaluation and/or treatment if necessary. Depending on how a Service member answers these questions, the provider may recommend further evaluation for mental health conditions, such as alcohol use, depression, or post-traumatic stress disorder. Following the provider’s review, the DD Form 2900 is certified complete and transmitted via NMCPHC to a data repository at the Army Medical Surveillance Agency. If the timeframes coincide, PDHRA may be administered concurrently with the annual Periodic Health Assessment. If a Service member is separating from the service prior to the PDHRA 90-180-day window, they shall receive a concurrent PDHRA and separation health assessment.

Management of PDHRA in the Marine Corps

In 2008, the Marine Corps Manpower and Reserve Affairs Division developed the PDHRA Data Mart, a Web-based application designed to provide a single, consolidated data source to give PDHRA program administrators and Deployment Health Center leads a comprehensive view of Marines who must be screened upon completion of deployment.

²³ Providers include but are not limited to: physicians, physician’s assistants, nurse practitioners, independent duty corpsman, etc.

Data Mart tracks movement of Marines through the Operational Data Source Enterprise, which is a database containing pay and personnel data from the Marine Corps Total Force System. This is the integrated pay and personnel system that tracks every Marine. The Data Mart contains three modules visible and accessible to those with access in the field to assist with program management and completion and certification: the Reports, Automated Scheduler, and Feedback Reporting modules.

- **Reports.** Contains both the Required and the Completed reports for each geographical division of the Marine Corps. The Required report lists all Marines currently assigned to that Area of Responsibility who have an outstanding PDHRA requirement, while the Completed report lists all Marines currently assigned to that Area of Responsibility who have accomplished their most recently required PDHRA.
- **Automated Scheduler.** Contains calendars with PDHRA appointments made by field managers and openings for each unit, showing total schedule, how many Marines are scheduled to take PDHRA, and how many Marines are required to take PDHRA as follows: less than 90 days (maturing requirement), 90-180 days (optimal screening window), 180+ days (overdue). It does not list available appointments, since the specific Deployment Health Centers or Medical Treatment Facilities would determine their provider schedules in terms of availability for PDHRA screenings.
- **Feedback Reporting.** Records by Marine's name and last four digits of Social Security number any Marine who has initiated a DD Form 2900 or who has had the DD Form 2900 certified by a provider. NMCPHC sends a new file daily with recent additions to the list. The report allows authorized field managers, command administrative personnel, and medical providers to assess completion and certification.

Prior to the development of the Data Mart, a contractor was hired to handle the backlog of PDHRAs from prior years. However, following Data Mart's development, which allowed the Marine Corps PDHRA Program Office capability to report PDHRA requirements as completed and certified, currently due, overdue, or coming due within 90 days, the need for an outside contractor to generate a PDHRA Requirements List from the Medical Readiness Reporting System was no longer necessary.

Exhibit B:

Pertinent Guidance

10 United States Code, Section 1074F, “Medical Tracking System for Members Deployed Overseas,” 3 January 2007. This requires a tracking mechanism to ensure that Service members who receive referrals for evaluations relating to mental health receive such evaluations and obtain care and services. The result of all medical examinations conducted under the system, records of all health care services received by members in anticipation of their deployment or during the course of their deployment, and records of events occurring in the deployment area that may affect the health of such members, shall be retained and maintained in a centralized location to improve future access to the records.

Assistant Secretary of Defense for Health Affairs (ASD (HA)) Policy 05-011, “Post-Deployment Health Reassessment,” 10 March 2005. The post-deployment health reassessment will be conducted for all personnel from 90 to 180 days after return to home station from a deployment that required completion of a post-deployment health assessment. For individuals who received wounds or injuries that require hospitalization or extended treatment at a military medical facility before returning to their home station, the reassessment will be conducted 90 to 180 days following their return home. The reassessment will be completed before the end of 180 days to afford Reserve Component members the option of treatment using their TRICARE health benefits. During the reassessment period, the Military Departments will ensure that each individual who returns from a deployment completes a Post-Deployment Health Reassessment (PDHRA) form.

Department of Defense Instruction 6490.03, “Deployment Health,” 11 August 2006. A DD Form 2900 will be administered to each subsequent deployment individual within 90 to 180 days after return to home station from a deployment that required completion of a post-deployment health assessment. After the DD Form 2900 is completed, a trained health care provider will discuss health concerns indicated on the form and determine if referrals are required. The original of the completed DD Form 2900 must be placed in the deployed individual’s permanent medical record. Submit copies of the completed DD Forms 2900 electronically to the Defense Medical Surveillance System.

Chief of Naval Operations Instruction 6100.3, “Deployment Health Assessment (DHA) Process,” 12 January 2009. The DHA process supports the Department of Defense health protection strategy to deploy healthy, fit, and medically-ready forces; minimize illnesses and injuries during deployments, and evaluate and treat physical and psychological problems (and deployment related health concerns) following deployment.

The process is designed to identify stress injuries, and other health concerns, that require further assessment or treatment as appropriate. DD Form 2900 shall be administered and completed 90 to 180 days after returning from deployment.

Echelon II Commands (supporting commands) shall:

- Submit monthly compliance reports to the Commander, U.S. Fleet Forces Command; and
- Monitor and ensure DHA compliance through standardized reports in the Medical Readiness Reporting System (MRRS).

Navy Medicine shall:

- Maintain deployment health centers necessary to provide adequate support for Service members to complete Pre-DHA, Post-DHA (PDHA), and PDHRA process.

Commands of Individual Augmentees, Active Component (to include Global War on Terrorism Support Assignments) shall:

- Ensure Service members receive the appropriate follow up for any identified concern in PDHA or PDHRA, in coordination with medical providers.

Department of the Navy Memorandum for ASD (HA) Post-Deployment Health Reassessment Implementation Plan, 5 July 2005. Full implementation began 15 September 2005. All Service members who have completed or are eligible to have completed the Pre- and Post-DHA, will complete a PDHRA. At appropriate intervals, the Navy Marine Corps Public Health Center (NMCPHC) will forward to Navy and Marine Corps PDHRA program managers, data regarding completion of PDHRA by indicated personnel. Identification of service members who are required to complete a PDHRA rests with the Responsible Line Commander.

Navy Administrative Message (NAVADMIN) 207/08, “Deployment Health Assessment Policy and Process,” July 2008.

Program Compliance and Monitoring:

- Personnel Readiness and Community Support (Office of the Chief of Naval Operations N135) will provide the Chief of Naval Operations with quarterly compliance reports. Compliance reports will be based on DHA completion data in MRRS;

- Command leadership and medical personnel will use MRRS to track DHA process and medical referrals. All Major Claimants and Echelon II Commands will monitor DHA compliance and any referral followup through MRRS.

U.S. Marine Corps Administrative Message (MARADMIN) 283/06, “New Post-Deployment Health Reassessment (PDHRA) and Electronic Methods and Procedures for Deployment Health Assessments,” June 2006.

- According to policy, PDHRA applies to Active Duty and Selected Reserve Personnel who, on or after 20 March 2004, completed a deployment requiring the completion of a Post-Deployment Health Assessment (PDHA). The PDHRA is to be completed 3 to 6 months using DD Form 2900 with specific emphasis on the members’ mental health.

Identifying members who must complete a PDHRA:

- Not later than 1 August 2006 and monthly thereafter, Commanders will identify Marines and Sailors assigned to supported units who meet PDHRA criteria, are within or beyond the window for rescreening, and who have not yet completed a PDHRA; and
- Commanders shall direct identified service members to complete PDHRA. PDHRA must be completed using an electronic process. Once the member portion of the screening has been completed, a medical provider will review it with the member, discuss any member concerns, and complete the providers’ section.

Exhibit C:

Scope and Methodology

We conducted our audit of the Post-Deployment Health Reassessment (PDHRA) program between 2 December 2008 and 6 October 2010. Our audit initially focused on PDHRAs for Marine Corps Active Duty Component Service members for Fiscal Year (FY) 2008; however, we expanded our review to analyze FY 2009 upon request from the Marine Corps PDHRA program office. Our analysis required determining if Marines had completed PDHRAs and had them certified by a health care provider within 180 days of returning from deployment during these 2 fiscal years. We could not analyze 2010, because the data would not be complete and available until 31 March 2011 -- or approximately 180 days from the end of FY 2010. According to the January 2009 Medical Surveillance Monthly Report, PDHRAs have historically resulted in the most medical and mental-health related referrals of the military deployment health assessments.

Exhibit D shows the activities visited or contacted.

To assess Marine Corps Active Duty Component PDHRA program completion and certification, we reviewed pertinent criteria to determine procedures and required timeframes for completing and certifying the PDHRA, and then requested data from the U.S. Marine Corps PDHRA program office to test the program's effectiveness at complying with the criteria. The program manager at this office used Marine Corps' Data Mart²⁴ application system to provide us a list of active component Marines who returned in FY 2008 (between 1 October 2007 and 30 September 2008) from a deployment of more than 30 days. We obtained the same information for FY 2009 as well. As part of the extraction process, a program was written to ensure the list of active component Marines would only include those Marines still eligible and required to take PDHRA, and exclude those whose status had changed and are no longer required to be screened (examples include those who have separated from the service, retired, were subsequent deployment, etc.). Using information from Data Mart, we compared the date the Marine returned from deployment, to the PDHRA certification date to determine the timeliness of completion and certification of PDHRA. For the Marines that had the PDHRA completed and certified more than 180 days after their return home, we provided details on how late the PDHRA was completed.

We learned about the utilities of the Data Mart application, including how information is derived and data reports and queries are run. We did not test the reliability of the data

²⁴ Data Mart was released in February 2008 to assist commanders in identifying Marines who have PDHRA requirements; to allow field managers in geographical areas to educate Marines, units, and commanders about their specific PDHRA requirements; to schedule appointments necessary for the PDHRA certification; and to track PDHRA completion.

gathered from this system because to do so would require obtaining a sample of medical record files to make comparisons. Finding and obtaining access to multiple medical records is particularly time consuming due to changeability of record location and privacy constraints, and would have constituted significant additional audit effort.

In order to identify the current policy regarding the tracking and monitoring of PDHRA referrals, we contacted the Bureau of Medicine and Surgery's (BUMED's) and Marine Corps' PDHRA Program Managers. After discussions with BUMED's PDHRA Program Office, we were informed of BUMED's current undertaking to issue an instruction entitled "Navy Medicine Referral Management Program - BUMED Instruction 6000.15," in draft as of July 2010, which would establish procedures for the management of specialty referrals.

To identify, document, and analyze the process for documenting, tracking, and monitoring of PDHRA referrals, we contacted:

- Camp Pendleton, CA:
 - Deployment Health Center, Department Head;
 - Deputy Surgeon/Preventive Medicine Officer; and
 - Referral Manager.
- Camp Lejeune, NC:
 - Deployment Health Center, Department Head;
 - Senior Medical Officer;
 - Group Surgeon;
 - Medical Planner; and
 - Performance Evaluation and Improvement Coordinator for II Marine Expeditionary Forces.

We contacted key personnel from the Navy Mobilization Processing Site to determine if information from PDHRAs, to include consult results, were utilized when conducting pre-deployment health assessments and prior to making deployability decisions. We contacted Deployment Health Centers at Camp Pendleton and Camp Lejeune to understand the PDHRA screening process, including the time and resources necessary to screen all Marines as required by the Assistant Secretary of Defense for Health Affairs policy. Finally, we contacted Army and Air Force PDHRA Program Managers to obtain an understanding of PDHRA performance standards and processes used in other military branches, to identify best practices, and to learn of planned approaches that are expected to further improve PDHRA screening compliance rates. To evaluate the process and

controls over PDHRA program management and completion, we obtained and examined documentation; evaluated evidence; reviewed procedures; assessed related internal controls; made inquiries and held discussions with key officials at BUMED and Marine Corps Manpower Information Systems Division, Manpower and Reserve Affairs. To understand and evaluate the process and controls over tracking and monitoring of PDHRA referrals, we interviewed key personnel and analyzed processes at both Camp Pendleton and Camp Lejeune.

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We reviewed Naval Audit Service, Department of Defense Inspector General, and Government Accountability Office, and found there were no reports published in the past 5 years covering the PDHRA program, that required followup.

Federal Managers' Financial Integrity Act

The Federal Managers' Financial Integrity Act of 1982, as codified in Title 31, United States Code, requires each Federal agency head to annually certify the effectiveness of the agency's internal and accounting system controls. We determined during the course of our audit that there were significant weaknesses related to management and timeliness completion of PDHRA. In our opinion, the conditions noted in this report may warrant reporting in the Auditor General's annual Federal Managers' Financial Integrity Act memorandum identifying management control weaknesses to the Secretary of the Navy.

Exhibit D:

Activities Visited and/or Contacted

Bureau of Medicine and Surgery Post-Deployment Health Reassessment Program Office, Washington, DC*

Marine Corps Post-Deployment Health Reassessment Program Office, Quantico, VA*

Post-Deployment Health Reassessment, Marine Corps National Capital Region, Quantico, VA

Deployment Health Center and Medical Department, Camp Pendleton, CA

Post-Deployment Health Reassessment, I Marine Expeditionary Force, Camp Pendleton and Twentynine Palms, CA

Deployment Health Center and Medical Department, Camp Lejeune, NC

Post-Deployment Health Reassessment, II Marine Expeditionary Force, Camp Lejeune, NC

Marine Corps Health Services, Navy Annex Arlington, VA*

*Activities visited

Appendix:

Management Response From the Marine Corps



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, DC 20350-3000

IN REPLY REFER TO
7510
RFR-80
10 Dec 10

From: Commandant of the Marine Corps (RFR)
To: Assistant Auditor General for Manpower and Reserve
Affairs Audits, Naval Audit Service

Subj: NAVAL AUDIT SERVICE DRAFT REPORT N2008-NFO000-0016,
"POST-DEPLOYMENT HEALTH REASSESSMENT AT THE MARINE CORPS:
FISCAL YEARS 2008 AND 2009 DATA ANALYSIS, AND FUTURE
MONITORING RECOMMENDATIONS," DATED 6 OCTOBER 2010

Ref: (a) NAVAUDSVC memo 7510 N2008-NFO000-0016 of 6 Oct 10
(b) NAVAUDSVC AAG (M&RA Audits) electronic mail of Wed
12/8/2010 12:49 PM

Encl: (1) U. S. Marine Corps Official Response

1. Reference (a) requested Marine Corps comments to the subject draft report and its recommendations. Reference (b) provided follow-on guidance on the subject draft report and its recommendations. Enclosure (1) provides the requested responses.

2. Enclosure (1) was coordinated with Headquarters, U.S. Marine Corps Programs and Resources; Manpower and Reserve Affairs; and Health Services.

3. Point of contact for this matter is [REDACTED]
Headquarters, U. S. Marine Corps Senior Audit Liaison Officer,
email [REDACTED] or phone [REDACTED]

FOIA (b)(6)

[REDACTED]
[REDACTED]
By direction

FOIA (b)(6)

NAVAL AUDIT SERVICE DRAFT REPORT DATED 6 OCTOBER 2010
(N2008-NFO000-0016)

"POST-DEPLOYMENT HEALTH REASSESSMENT AT THE MARINE CORPS: FISCAL YEARS 2008
AND 2009 DATA ANALYSIS, AND FUTURE MONITORING RECOMMENDATIONS"

UNITED STATES MARINE CORPS COMMENTS
TO NAVAL AUDIT SERVICE RECOMMENDATIONS

Naval Audit Service recommends that the Commandant of the Marine Corps:

Recommendation 1. Require that commanders routinely be provided with current data from the Marine Corps' PDHRA Data Mart to facilitate the commanders' timely monitoring and management of the Post-Deployment Health Reassessment status for all Marines in his/her units, including Marines reassigned under Permanent Change of Station orders. The data provided to the commanders should include, by unit: no show rates, screening completions, and individual Service members who's PDHRAs need to be completed and certified.

USMC Response of Dec 2010: Concur. Post Deployment Health Reassessment (PDHRA) is not an optional program; therefore, all Marines are expected to accomplish their PDHRA requirements. For this reason, ALMAR 047/07 was issued, requiring all Marines to ensure that their PDHRAs are accomplished.

Currently, PDHRA Field Managers utilize the Data Mart to monitor DD Form 2900 completions and screenings, generate management reports for commanders and DHC liaisons, schedule units for appointments available at the DHCs, and ensure that the completed and certified PDHRAs reach the Navy and Marine Corps Public Health Center (NMCPHC.) The PDHRA Field Managers receive training in the capabilities, functionality and use of the Data Mart and generate management reports by individual service member or unit to identify no show rates, screening completions, deployment information, and other relevant data with the goal of facilitating the commanders' timely monitoring and management of PDHRA status for all Marines in his/her units.

In response to Recommendation 1, Headquarters, U. S. Marine Corps will issue additional guidance to its commanders and PDHRA Field Managers within 60 days of the date of this response, reiterating the importance of PDHRA completion and certification, and requiring that commanders be routinely provided with current data from the Marine Corps PDHRA Data Mart to facilitate the commanders' timely monitoring and management of the PDHRA status for all Marines in their units.

To fully meet the intent of Recommendation 1, and with greater efficacy in mind, the Marine Corps PDHRA Program Office will be improving its Data Mart during the next 60 days by adding a field to give PDHRA Field Managers (FMs) and commanders the visibility of new Marines when they PCS into the respective FMs' and commanders' geographical area of

responsibility. An updated implementation status report on corrective actions taken in response to Recommendation 1 will be provided by 10 March 2011.

Recommendation 2. Use PDHRA completion and certification data for Marines returning from FY 2010 deployments that are required to take PDHRAs to determine whether their PDHRAs were completed and certified within the required 90 to 180 day timeframe.

USMC Response of Dec 2010. Concur. HQMC will use PDHRA completion and certification data for Marines returning from FY 2010 deployments that are required to take PDHRAs to determine whether their PDHRAs were completed and certified within the required 90 to 180 day timeframe. An updated implementation status report will be provided for Recommendation 2 by 10 June 2011.

Recommendation 3. If implementation of Recommendations 1 and 2 shows that Marines are not completing PDHRAs within the required 90 to 180 days, identify the causes and implement corrective action.

USMC Response of Dec 2010. Concur. If implementation of Recommendations 1 and 2 shows that Marines are not completing PDHRAs within the required 90 to 180 days, causes will be identified and corrective actions planned and implemented. An updated implementation status report on Recommendation 3 will be provided by 30 June 2011 noting the causes identified and corrective actions planned. A follow-on implementation status report will then be provided by 30 Dec 2011 identifying results of planned corrective actions taken during the six months preceding 30 Dec 2011.

Recommendation 4. Notify Marines (e.g., an alert via Marine Online) when they are required to take a Post-Deployment Health Reassessment, and the timeframe during which it is required to be completed.

USMC Response of Dec 2010. Concur. The PDHRA Program Office currently notifies Marines who have PDHRA requirements via processes external to Marine Online (MOL). HQMC is currently establishing capabilities to provide MOL alerts for Marines with PDHRA requirements. The Marine Corps expects to implement this notification through MOL within 60 days of this response. An updated implementation status report on corrective actions taken in response to Recommendation 4 will be provided by 10 March 2011.

~~FOR OFFICIAL USE ONLY~~

Use this page as

BACK COVER

for printed copies
of this document

~~FOR OFFICIAL USE ONLY~~